

Application for

WATER & SEWERAGE  
SYSTEM  
RESIDENTIAL



Office Use Only

W&S/ EH A/P # \_\_\_\_\_

W&S Account # \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Building A/P # \_\_\_\_\_

Calvert County Department of Public Works, Water & Sewerage Division

150 Main Street, Suite 205, Prince Frederick, MD 20678 (410) 535-1600 (301) 855-1243

Property Owner Information	Name:					<input type="checkbox"/> Non-Profit Organization	
	Phone:		Mobile #:		E-mail:		
	Mailing Address:		City:		State:		Zip:
Property Location Information	Town:			Town Center: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lot Size or Acreage:	
	Subdivision Name:						
	District <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>		<input type="checkbox"/> North Beach – Within Town Limits <input type="checkbox"/> Chesapeake Beach – Within Town Limits <input type="checkbox"/> Private Community (Name: _____)				
	Premise Address:		City:		State:		Zip:
	Directions to site from Courthouse:						
Additional Property Information	Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search						
	Tax ID#		Map	Parcel	Block	Lot	Section
	County Project <input type="checkbox"/> Yes <input type="checkbox"/> No Water Category W - _____ Sewer Category S - _____						
	WATER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Well SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Septic Tank						
Billing Information	Name:						
	Mailing Address:		City:		State:		Zip:
	Phone:		Mobile #:		E-mail:		
PROPOSED PROJECT INFORMATION							
DESCRIPTION OF PROPOSED WORK: _____							
PROPOSED Sq. Ft.: _____ EXISTING Sq. Ft.: _____							
APPLICATION TYPE							
<input type="checkbox"/> Site Plan <input type="checkbox"/> Public Works Agreement <input type="checkbox"/> PUPP Agreement <input type="checkbox"/> Building							
NEW CONSTRUCTION							
PROPOSED TYPE OF WORK:							
<input type="checkbox"/> Add to Existing Structure <input type="checkbox"/> Demolition of Structure <input type="checkbox"/> New <input type="checkbox"/> Replace Existing Structure <input type="checkbox"/> Other _____							
TYPE OF PROPOSED STRUCTURE:							
<input type="checkbox"/> Accessory Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Low-Rise Apartment/Condo <input type="checkbox"/> Modular <input type="checkbox"/> Residential Addition <input type="checkbox"/> Res. Accessory Structure <input type="checkbox"/> SF Attached/Detached Dwelling <input type="checkbox"/> Town House <input type="checkbox"/> Other _____							
TYPE OF PROPOSED ADDITION:							
<input type="checkbox"/> Attached Garage <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____							
TYPE OF PROPOSED ACCESSORY STRUCTURE: <input type="checkbox"/> Garage / Workshop <input type="checkbox"/> Shed / Pole Barn <input type="checkbox"/> Pool [Gallons _____ ] <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____							
PROPOSED EXTERIOR INSTALLATION: <input type="checkbox"/> Irrigation System <input type="checkbox"/> Other _____							
EXISTING: <input type="checkbox"/> N/A		# Kitchens:	# Sinks:	# Half Baths:	# Toilets:	# Full Baths:	# Bedrooms:
PROPOSED: <input type="checkbox"/> N/A		# Kitchens:	# Sinks:	# Half Baths:	# Toilets:	# Full Baths:	# Bedrooms:
I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and the information given is correct. I understand all applicable fees must be paid in full prior to the issuance of a Water & Sewerage Permit. It is further understood Capital Connection fees are non-refundable, non-transferable and are subject to forfeiture if after 2 years from the date of the initial payment the proposed work herein is not completed, minimum user fees and debt service payments will be due.							
SIGNATURE OF OWNER OR AUTHORIZED AGENT:					DATE:		
PLEASE PRINT NAME:							
Phone #:		Mobile #:			Email:		

*This application must be signed by the owner or agent, the Water & Sewerage Division, and the Environmental Health Department prior to submittal of the Building Permit Application to the Inspections & Permits Division.*

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Calvert County Department of Public Works, Bureau of Utilities, Water & Sewerage Division:

Approved by: \_\_\_\_\_ Date \_\_\_\_\_ # Cap. Connections Assessed: \_\_\_\_\_

Calvert County Health Department, Division of Environmental Health

County Health Officer: \_\_\_\_\_ Date: \_\_\_\_\_